THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXV. WEDNESDAY, OCTOBER 14, 1846. No. 11.

M. VELPEAU'S LATE SURGICAL CASES.

Report of the principal Cases treated by M. Velpeau, Surgeon to the Hospital "La Charité," from Sept., 1845, to Sept., 1846.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I forward to you, for insertion in your Journal, the first of a series of papers on the annual report of M. Velpeau, Surgeon to La Charité Hospital, Paris. The great amount of valuable matter contained in this report, conjoined with the distinguished position of Velpeau among the surgeons of Paris, renders it a paper of exceeding interest to the profession in America. In the hospitals of Paris there is a great opportunity for determining the value of different theories and modes of treatment, and no person is better qualified for this labor than M. Velpeau. This report contains the rationale and mode of treatment of nearly seven hundred cases of important diseases, and may, without question, be said to contain the very best exhibition of modern French surgical practice. Of the character of M. Velpeau as an operator, or of his skill in surgical diagnosis, it is superfluous to make mention, as he is already known in America as the author of the most complete and valuable work on surgery that fills a place in the library of the medical practitioner.

This report, partly taken down in notes, and partly condensed from the report afterwards published in the Gazette des Hopitaux, brings all the new ideas of surgical practice complete up to September, 1846. Trusting its length will prove no objection to its insertion in your Journal,

I remain yours, F. WILLIS FISHER.

Paris, 16th September, 1846.

There have entered M. Velpeau's wards, the past year, 846 patients, 168 of whom offered nothing of interest, leaving 678. Of these 678, 423 were males, and 255 were females; the number of males being nearly double that of females. If this were the result in all the hospitals, we should conclude that females were less frequently sick than males, and Velpeau thinks there is a foundation for this opinion. In the hospitals there is a greater proportional number of beds for males than females, and more males than females enter the hospitals, because the greater proportion of males are laborers, who, having no families, enter the hospital as soon as they become sick, and because the females among

the poorer classes have a greater repugnance to entering a hospital. It must also be observed, that each year, like the past, there are more diseases than patients, because many patients present several diseases at once. This consideration has also its importance in enabling us to avoid those errors of judgment into which we might fall when deciding upon the gravity of any disease, the truth of which assertion we shall frequently have occasion to verify.

The different groups of diseases have been divided thus: 168 cases of diseases of the eyes; 74 of the continuity of the bones; 72 of the articulations; 105 diseases of the genital organs (70 of which occurred among males, and 35 among females); 48 inflammatory diseases (they would be even more numerous, because they were found with others as a complication); 57 phlegmons; 25 cases of diseases of the lymphatic system; 40 affections of the anus in the two sexes; 24 diseases of the mammæ; 20 cases of cancer in different regions; 30 tumors; 11 burns; and 6 cases of simple erysipelas (5 of these patients entered the Hospital for erysipelas alone, but there were many more cases complicated with other affections). The number of patients the past year is much smaller than that of previous years. Ordinarily, the number ranges from 1000 to 1200; it seldom amounts to less than 900, and sometimes to 1400 and even 1450.

We will first consider the fractures.

There have been 41 fractures among males, and 11 among females, and 4 deaths, two of which were from fracture of the lower jaw. It must not be concluded from this result, that the fracture of the inferior maxillary is extremely dangerous; we will soon explain the death of these two patients. We notice this year, as in the preceding, two remarkable facts: first, the absence of any unfavorable complication during the treatment of simple fractures; neither gangrene nor grave accidents have occurred. Secondly, the simplicity of the treatment, which permits the patient with fracture of the leg to walk with crutches as soon as the dressing is applied and completely dry. Hardly any special treatment, such as bloodletting, diet, medicine, &c., has been prescribed, for Velpeau does not think they are needed. The greatest care consists in the application of a well-prepared dressing. Indeed, this application requires some precautions, and by fault of not knowing them one does not gain all the advantages from the treatment that he has a right to expect. Thus, it is indispensable that the compression made by the bandage should be perfectly regular; that the projections and depressions of the parts should be well protected, and the dressing should be supplied with proper splints, avoiding especially any compression upon osseous projections; in a word, to maintain the fragments immovable and in apposition. Such are the conditions that the dressing ought to fulfil when properly applied, without fear of any accident being caused by it. If the fracture occupies the leg, the dressing should mount even above the knee, and the foot should be placed at an angle with the limb, in order to prevent any motion of the fragments. The accidents that one would naturally fear, from an immovable dressing, such as pain, swelling, inflammation, gangrene, &c.,

never arise when the bandage is properly applied; on the contrary, as soon as the dressings are applied and are completely dry, the pain is less, because it is principally caused by the motion of the fragments. Almost always, the swelling subsides; if it existed before the bandages are applied, it is seen at the end of the foot, which takes a peculiar aspect, and subsides as the swelling of the tissues diminishes. This diminution of the swelling as an immediate consequence of the application of the dressing, has been so well verified, that it has been raised as an objection to the use of permanent bandages. We are asked how this bandage can be efficacious, since, when there is swelling, it subsides after its application? Evidently, if the bandage is too loose it does not insure the immobility of the fragments, and this objection, plausible as it may seem, can be easily refuted. If we reflect upon the disposition of the dressing, we see that the bandage, reaching beyond the knee, prevents by its form the superior end experiencing any movement from above downward; while the starch bandage, enveloping the foot placed at an angle with the limb, prevents any upward movement of the inferior fragment. It results, then, that although the disappearance of the swelling would prevent the bandage from remaining as exactly applied as at first, yet a derangement of the osseous fragments is impossible, and there remains a state of continued extension and counter-extension. It is understood that the limb is demi-flexed. It is evident that the dressing can be easily re-applied if the relaxation be too great; it is only necessary to cut the entire bandage with scissors, or moisten it, in order to remove it. If the bandage be applied before the swelling takes place, little or no tumefaction will supervene; if the swelling has taken place, the bandage will prove the best resolutive that can be employed. It is not only in fractures without complications that the immovable bandage presents its real advantages; it is also used in cases of complicated fractures with no less utility to patients. The immovable bandages are not less valuable for fractures of the thigh, though when used the patients should not be permitted to walk; consequently the dressing loses a part of its advantages. These bandages are less suited to fractures of the superior limbs, but for the leg particularly their utility is incontestable.

The fractures of the cranium by themselves have not ordinarily given rise to any grave consequences; it is on account of the lesions which accompany them that serious accidents and fatal terminations occur.

There has been this year an example of fracture of the os unguis, with emphysema of the eyelids; a rare case, and worth remembering.

Fracture of the superior maxillary has been observed once, and was so evident that one could feel the crepitus and easily move the maxillary. These fractures appear grave, but in reality are less so than those of the cranium. In this case the man was well cured, and the jaw became perfectly consolidated.

Of three fractures of the inferior maxillary, two were followed by death. In one of these cases the fracture of the jaw was accompanied with a compound fracture of both thighs; the patient died of a suppuration of one of the inferior limbs after the fracture of the jaw had united.

In the second the fracture was attended by wounds; a severe inflammation supervened, suppuration followed; and the patient died from purulent infiltration. It is evident that the fracture was not the direct cause of this unfortunate termination; it existed in the middle of the jaw, and would certainly have united with facility, had it not been for this formidable complication. The fractures of the ribs have shown this year, what has been noticed before, that they are easy to heal. One death occurred recently of a poor mason who was bruised by the falling of an enormous stone upon him, producing a compound fracture of the forearm (which was attacked by gangrene), a fracture of the thigh, and an injury also of the thoracic viscera. The fracture of the ribs was not the principal trouble, nor was it the cause of his death. Velpeau says, that fractures of the ribs are generally easy to cure, and insists upon it more particularly, because some surgeons have lately asserted the contrary. They have thought that this kind of fracture demanded particular precautions, and have proposed to cover certain points of the thorax with a great quantity of compresses, with the view of preventing accidents that, according to Velpeau, never occur. The most frequent complication is emphysema, which is not generally very severe, and subsides of itself; but if there are lesions of the viscera or great vessels, the cases are more dangerous.

The fractures of the clavicle, less numerous than ordinarily, have been only four. They have proved these three often-repeated propositions: first, that, contrary to the general opinion, the patients can carry the hand to the head when they have a fractured clavicle; secondly, that the consolidation of the bone demands only from fifteen to twenty-five days, and not six weeks or two months; thirdly, that with all the bandages imaginable, we cannot prevent fracture of the two internal and oblique thirds from leaving a deformity. All the treatment consists in preventing any movement for about twenty days.

There were four fractures of the humerus, three of which were of the neck. This is an exception to the general rule, for fractures of the body are generally more frequent than those of the neck. Of these three fractures, two occupied the anatomical neck, and the other presented nothing worthy of notice.

There were 11 fractures of the forearm, classed in the following manner; 2 included both bones, 4 had for their seat the elbow, 5 the radius. Two of the fractures of the forearm were compound. In two cases the fracture of the olecranon was accompanied by sanguineous effusion; in a third, the union was established by a solid fibrous band. These fractures have shown that moderate compression only is necessary; the dressing was removed at the end of a month, and thus was avoided the stiffness which follows the too prolonged employment of bandages.

The fractures of the radius have demonstrated these two well-known points: first, that the Z deformity of the wrist, like the heel of a fork, is one of their characters, although they may exist without the sign; second, that they ought not to be treated with bandages, the results of which are more unfortunate than the real injury itself. It is better that the patient should have no treatment at all, than that he should be treated by im-

proper bandages, which often produce a stiffness which the patient retains for a long time, and perhaps for life. This year has been tried the treatment of a Danish surgeon, in which the wrist is placed in a forced flexion. The result has not been very satisfactory. The experiment, however, has not been decisive upon this mode of treatment.

There have been two fractures of the os ilium. What has been said of the fractures of the cranium, is applicable to them. They are not dangerous themselves, but are apt to be accompanied with formidable visceral lesions. In one of the patients the fractured portion, the crest of the bone, had considerable mobility. The patient recovered.

There were five fractures of the neck and two of the body of the femur. Two of these were compound fractures. The fractures of the neck have all been treated without extension; the limb has been simply placed upon the double inclined plane, and the patients were permitted to walk in proper season. All have been discharged, not exactly cured, but in a satisfactory condition, excepting the lameness which is unavoidable. The reasons why continued extension has not been used, are, first, because it does not prevent lameness; second, the shortening is not diminished, and the employment of extension infallibly produces sloughs, œdema and considerable stiffness. Moreover, and this is an important consideration, force obliges patients to keep their beds for two or three months, and as fractures of the neck of the femur occur mostly in persons advanced in life, they soon fall into an adynamic state and sink. On the contrary, with the simple treatment of Velpeau, they are as well at the end of six weeks as they could be at the expiration of six months under the use of bandages and continued extension. It is necessary to know that raising up the patient does not prevent the union; as they walk with crutches, the pain warns them not to place the affected limb on the ground, and the suspension which it occasions, produces a sort of extension by the weight of the limb itself. Ought all patients to be put under this treatment? No. If the subject is young, in order to obain a good consolidation, it is necessary to employ suitable dressings.

There have been two fractures of the patella. As for the treatment, the parts are brought together moderately, the patient remains in bed two or three weeks, and then gets up, and fifteen days afterwards his bandage is removed.

There have been ten fractures of the leg; five of both bones, four of the tibia alone, and one of the fibula.

The fractures of the foot by crushing, offer nothing of importance; they are not grave, except from the lesions of the soft parts.

In my next communication I shall give Velpeau's remarks on articular diseases.

TREATMENT OF STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have seen some articles in your Journal, recently, on strangulated hernia, which induces me to give some of my experience in that distress-

ing difficulty. I do not know that the method to be described will be new to most of your readers, though it was so to me, as I never heard of the treatment by the remedy until I used it myself. About three years since I was called to see a lad about 5 or 6 years of age, laboring under strangulated inguinal hernia, in great distress. Every means were used that I was acquainted with, but without any relief. After using these means for more than twenty-four hours, I was sent for to see a lady in labor, and gave the lad about two grains of sulphate of morphine, and left him. On my return, in about three hours, to my surprise, and the joy of the family, I found the boy in a profound sleep, and a complete spontaneous reduction of the hernia. I then applied a truss, and there has been no return of the hernia since. Since that time I have used the same remedy some four or five times, with equal success; in fact, I have never failed to be able to reduce the hernia very easily, if it did not recede spontaneously, after a full dose of morphine. I have also recommended it to physicians in this vicinity, and have been informed by them that it succeeded well.

As I have often been aided by the able contributors to your excellent Journal, perhaps the above may be of advantage to some one, if you think fit to allow it a place in your pages. Yours sincerely,

Edwardsville, Ill., Sept. 21, 1846. JOHN H. WEIR.

DIARRHŒA AFTER WEANING SUCCESSFULLY TREATED WITH CREOSOTE.

By J. A. Mayes, M.D., of Sumter District, So. Carolina.

EVERYTHING connected with the therapeutical application of a new remedy is intensely interesting to the physician, actively engaged in the practical duties of his profession; and the more intense does that interest become, when the new remedy under experiment promises to become a safe and certain cure for some of the most obstinate diseases of children.

The therapeutical application of creosote is now becoming a subject of much interest. The communication of Dr. Wragg, in the second No. of the Southern Journal of Medicine and Pharmacy, has established conclusively the utility of creosote in the treatment of hemorrhages; and for this valuable and practical essay, Dr. Wragg is entitled to the gratitude of the profession: since, by his experiments, physicians have come into the possession of a styptic, more uniform and certain in its operation, than any ever before used. Prior to the appearance of Dr. Wragg's communication, several short notices of the application of creosote to the treatment of the latter stages of diarrhœa and dysentery, appeared in the Medical Journals of the day. Acting under the influence of a love for experimental inquiry, I was induced to give the remedy under consideration a trial, in two cases of diarrhœa, with very great emaciation, coming on after weaning. The result of the two cases I give below, with no other remark than that, I believe the remedy to be infinitely preferable

in every point of view to that proposed by M. Weisse—viz., raw beef, finely shred; of which the patients are directed to take two table-spoonsful in twenty-four hours.

Case I.—Jessie, a little girl aged about 15 months, was attacked in April last with diarrhœa, a short time after weaning. She had previously enjoyed good health, and was as lively and fond of play as children of her age usually are. The diarrhœa was easily controlled by the usual remedies; but she was much weakened and reduced in flesh. An astringent and tonic regimen was prescribed for a few days after the more urgent symptoms were relieved. She did not, however, gain in flesh or strength, but gradually became leaner. In the course of a fortnight fever supervened, with great irritability of stomach, vomiting everything as soon as swallowed. The fever was marked by regular exacerbations and intermissions. Quinine enemata in a few days arrested the fever; these being the only means that could possibly be used, the irritability of the stomach being excessive. There was throughout the fever no pain or tenderness on pressure of the stomach or bowels, and the existence of gastro-enteritis was, therefore, thought doubtful. Water or tea acidulated with tartaric acid, after a few days, could be retained; and by using acidulated drinks, elixir vitriol particularly, and the phosphate of iron, the appetite improved somewhat, but the emaciation still increased gradually. The bowels were generally in a very bad state. For a month she continued in this situation, when her appetite failed, and was growing rapidly worse. Being re-called to prescribe for her, I found her symptoms and appearance as follows:—Pale, leucophlegmatic countenance; abdomen tumid and very hot, complaining of much pain under pressure; stools excessively fœtid and dark colored, also frequent; constant harassing dry cough; great emaciation, so much so that the integument on the extremities seemed sufficient for a second covering; no appetite at all, and some irritability of stomach; cold drinks could be retained, but everything else was refused. This assemblage of symptoms was indicative of a fatal termination of the case, and that speedily, unless some powerful remedy could arrest the progress of the disease. *Prescription*—R. Creosote, 5 drops; loaf sugar, 1 drachm; gum arabic, 1 drachm; water, 2 ounces. Mix intimately. Of this mixture, a tea-spoonful was administered three times daily; at the same time the tepid bath, medicated by an astringent effusion, was used two or three times daily; after a few days the cold bath was used, medicated in the same manner. In less than three days the beneficial effects of this treatment were perceptible in the improved appearance of the alvine discharges. Her amendment from this time was rapidly progressive. The last mixture made up for her was—R. Creosote, 6 drops; loaf sugar, gum arabic, āā 1 drachm; carbonate of iron, ½ drachm; water, 4 ounces. Mix. The vial to be well shaken before measuring a dose. A tea-spoonful was directed three times a day. After using this mixture, no further medical treatment was thought necessary; but a nourishing diet and exercise advised.

II.—Billy, a little negro child, had the misfortune to be weaned at six

months. Being deprived of his natural food, his health soon suffered much. The bowels were very generally out of order, and he soon became very lean. His situation was such that for eight months or more he required constant medical attention. In that time his disease, of course, varied much, being sometimes better, or even nearly well. In the month of January last he became dropsical. The swellings, however, disappeared under a course of chalybeate and vegetable tonics. From his first indisposition, there were great debility and extreme emaciation; impaired appetite, or morbidly-excited appetite; looseness of the bowels; but with little fever.

Having witnessed the excellent effects of creosote in the former case, I determined to give it a trial in this. At the time of prescribing it for him, the emaciation had become even greater than in the other case, but the symptoms generally were not so severe; he had some appetite; his bowels were, as usual, very much disordered. The same prescription was used, and the good result was as plainly visible, though the amendment was not quite so rapid.

At the time of writing this, he takes but little medicine; nourishing diet and exercise seem to be sufficient for his case; and the prospect of a speedy and entire recovery is infinitely better than it has been for ten months.—*Southern Medical and Surgical Journal.*

CASE OF DISEASED VENA CAVA, TERMINATING IN DEATH BY RUPTURE OF THE VEIN.

By E. R. Squibb, M.D.

On the 30th of April, 1845, I was requested to see a mulatto man of middle stature, somewhat emaciated, aged 37 years, the history of whose illness, as elicited at the time, was briefly as follows:—

About nine weeks previous, he had been seized with pain in the abdomen, extending from the lower end of the sternum to the iliac fossa, and chiefly confined to the right side. The patient was a shoemaker, and attributed the attack to sleeping in the cellar where he worked during the day, with his right side to the wall, the neighboring cellar being at the time half filled with water. The pain was remittent, and increased in severity during several days, when a physician was called in. The nature of the treatment first instituted is not precisely known, though some circumstances render it probable that the affection was mistaken for peritonitis. The course adopted was continued for many weeks without marked improvement, and the case was then abandoned.

April 30th.—The patient complained of much pain in the abdomen, remittent as before, being increased by taking food or drink, and also during the night. Pressure upon almost any part of the abdomen also caused increase of pain. Stomach irritable, often throwing off whatever was taken into it, giving the patient a sensation of obstruction to the passage of substances taken, as though the outlet of the stomach were tied. Bowels regular; tongue moist, with a slight white fur; appetite bad;

pulse 86, somewhat irregular and full, but not hard; skin dry, slightly warmer than natural but not subject to changes of temperature; functions of the liver and kidneys performed apparently as usual: pain sensibly varied by changes of weather. After much indecision and repeated examinations, the case was supposed to be one of rheumatic affection of the intestinal canal, similar to some which have been mentioned by M. Andral.

Twelve ounces of blood were taken by as many cups applied near the spine, and three grains of sulphate of quinine were given every two hours through the day, for four successive days, when the pain was much abated. On the four following days the quinia was given in the same doses, at intervals of four and six hours, in conjunction with a blue pill every morning and evening. The alterative, with an occasional aperient, was continued for many days longer, when the pain, although much abated, was not removed. At this period, a slight exposure, and a change of weather, caused a renewal of all the symptoms, to combat which the same method of treatment was again pursued, but without the same success. A re-application of the cups did not materially relieve the pain as before, and the quinia produced its peculiar effects upon the senses without much change in the pain. Tincture of colchicum seed was resorted to with no better success, and the mercurial, pushed to the extent of slight ptyalism, was equally without effect. After the suspension of these means, the pain gradually abated as the weather became more favorable, and, when able, the patient was advised to try the effect of change of air and diet. Accordingly, after a treatment of more than two months' duration, he left the city for a few months.

On the 3d of December following, I was called upon to make a *post-mortem* examination in the case, when I found that I had made quite as great a mistake in the diagnosis, as that with which I had mentally charged my predecessor. Some time after the return of the patient to the city (he never having recovered sufficiently to permit him to resume his work), he was again seized with attacks of pain, and called to his aid Dr. J. L. Knight. To the kindness of this gentleman I am indebted for some of the further particulars, and an opportunity to make a necroscopic examination. After treatment for a day or two, the pain again abated, and the patient felt able to sit up in bed. The exertion of raising up caused a great weakness and tendency to faint. He was immediately laid down, but expired in the course of a few hours.

Upon turning off the parietes of the abdomen, 27 hours after death, the viscera were found imbedded in, and quite hidden by, masses of coagulated blood, the viscera themselves appearing to be in quite a healthy condition. On seeking for the source of this great effusion of blood, a rupture of the ascending cava was discovered, just below the lower concave surface of the liver. The vein at this point had been very much dilated, and its coats much diseased and thinned. A semi-organized mass or clot, which was contained in the dilatation, was connected by its surface to the softened coats of the expanded vessel, and the rupture had occurred at the junction of the edge of this mass with the side of the vessel,

and not at the projecting point of the dilatation. The tumor was on the anterior portion of the circumference of the vessel, and was overlapped by the lower edge of the liver, and by a portion of the stomach, which latter circumstance may account for the sensation of obstruction so constantly complained of during life.

Although an examination of the heart was desirable, some circumstances prevented an opening of the thoracic cavity, and thus defeated this purpose.—*Medical Examiner.*

ON THE USE OF IODINE AND QUININE IN GANGRENE.

By S. Pollak, M D., St. Louis, Missouri.

Case I.—Some time last summer, while Dr. C. W. Stevens had charge of the City Ward in the Charity Hospital of St. Louis, a case of chancres on the prepuce and glans penis presented itself. I do not remember what the immediate course of treatment was, but suffice it to know that an *erysipelatous inflammation* was manifested in these ulcers, which rapidly extended over the whole organ. In a few days symptoms of gangrene became evident on the very spots where the erysipelas had first made its appearance. Cataplasms of Peruvian bark were immediately applied: the ulcers fomented with a creosote solution; tonics were given; but all to no purpose; the gangrene progressed constantly. Upon the suggestion of Dr. J. N. McDowell, the ung. hydrarg. oxidi rubri was added to the former local applications, but all in vain; the gangrene had enveloped the whole penis, reached the pubes and the upper portion of the scrotum, without manifesting the least tendency to demarcation. All remedies thus far tried proved abortive. The case elicited a good deal of interest. I visited the hospital daily, and watched it with some anxiety. Happening to be one day in the company of my friend Dr. Prather, I mentioned the circumstance to him; he observed he had a case somewhat similar in character, namely, gangrene, following the application of a blister to the abdomen. He, also, was unable to check the progress of the gangrene, and regarded the case as hopeless, when it occurred to him to try the effect of a topical application of the tinct. of iodine and quinine, and it had the happiest effect. I was very desirous to see the experiment made in the present instance, to which Dr. Stevens, with his accustomed urbanity, at once consented. The morbid parts were painted with the tinct. of iodine, and covered with a thin layer of sulph. of quinine. It acted like a charm; already the next day the gangrene showed a disposition to demarcation, and which was completely effected in thirty-six hours from the first application. Two days after, the membrum virile sloughed off, or rather *dropped off, in toto*, leaving nothing but a healthy suppurating surface of about one inch in diameter, which gradually cicatrized, and left only a small funnel-shaped *impression* just below the symphysis pubes, in the centre of which the urethra was slightly projecting. The patient, who was greatly emaciated, rapidly recovered. Though the chancres were effectually removed (as no one can doubt), still syphilis

remained; for, about a week after the penis had come off, a bubo made its appearance, which ran through its regular course; it suppurated; and the patient was shortly after dismissed cured! but, alas! minus an important organ. He left, with the unshaken hope that it would grow out again. Poor fellow! what a sad disappointment awaits him.

II.—Just about the time when the first case left the Hospital, another one, likewise with chancres on the prepuce, was admitted. Nearly one half of the prepuce was destroyed; the gangrene had attained the middle of the dorsum penis; the dermal portion of it was sloughed off, but the corporæ cavernosæ were yet intact. The iodine and quinine were applied, as in the previous case, and, like it, with the most triumphant result.

III.—Two months later, when Dr. Barbour had the supervision of the City Ward, a third case of syphilitic gangrenous ulcers was admitted. A variety of medicines were tried, and failed, until the iodine and quinine were resorted to, which soon put a stop to mortification. The patient got also externally some iod. of mercury, and, in three weeks, left the Hospital, cured.

The above three cases were all of syphilitic origin, quite similar in their nature; a like treatment could have been reasonably expected to lead to a like result; but the two following, which came recently under my care, will be still more important, as the causes were quite dissimilar, but still the effect of the remedy was the same.

IV.—G. R. I found to have been severely stabbed with a knife in the upper third of the thigh; the wound going through the whole member. The bleeding was profuse, but easily arrested; the wound was united with adhesive straps; it healed kindly with the prime intention. About the eighth day, when the patient was about getting up, the environs of the cicatrix became erysipelatous, and painful; the inflammation extended all around the thigh. A little above the cicatrix, a black spot was seen, which enlarged constantly until it reached the cicatrix, which re-opened—the gangrene spread. The erysipelas yielded to the topical application of sulph. of iron, but the gangrene threatened to take the whole portion occupied by the erysipelas. I resorted to the iodine and quinine, and had the satisfaction to see soon a line of demarcation forming. The gangrenous place commenced sloughing; it had only extended to the dermal and the adjacent cellular tissue; none of the muscles were affected. The case gave no farther trouble.

V.—J. M., a colored man, applied, a fortnight since, with an enormously swollen hand, and, as he alleged, arising from the bite of a spider on the middle finger, three or four days ago. The hand and arm, as far as the elbow, greatly enlarged; very painful. He said he had applied, immediately after the bite, some opodeldoc, which gave him temporary relief—has done nothing to it since. When he called, I perceived a black vesicle on the spot which he said had been bitten, which enlarged, burst, and showed a gangrenous surface, which kept on enlarging until it reached the size of half a dollar. I applied, without delay, the iodine and quinine, which was followed by the same happy result as in all pre-

vious cases. The gangrenous portion sloughed out, and was soon filled with healthy granulation. I dismissed him on the seventh day, not doubting it would cicatrize in a few days—as he promised to call in case it should not do so.

These hastily communicated six cases (Dr. Prather's included) of gangrene, three coming in complication with syphilis, one from the irritation occasioned by cantharides, one after a severe wound, one after a venomous bite; and in all these forms iodine and quinine proving wholly efficacious, it might be justly presumed it would do so in most cases, no matter what the cause may be; at all events, it is worthy the attention of the profession.—*Missouri Medical Journal.*

QUACKERY IN CINCINNATI.

[Prof. Drake, of Louisville, Ky., one of the editors of the Western Medical Journal, in a letter from Cincinnati, Ohio, published in the last No. of that Journal, thus speaks of the different forms of quackery which are congregated in a building of that city, which we suppose is the one formerly known as the "Bazaar."]

The Queen City seems to have prostituted herself to the foul embraces of empiricism. Behold the gorgeous and glittering Temple of Quackery. On its dome there sports a gigantic black snake, fit emblem of cunning; and a silly coot (still fitter emblem of credulity), is fluttering into the opening jaws of the wily fascinator. Let us enter the upper halls of the mansion of imposture.

Turn to the east; there is the den of the "*Reformed Medical College of Ohio*," where doctors are manufactured out of the *raw* material. (N. B. The wool may be either coarse or fine, black, white or gray; the rolls warranted equally good and of the same size). Now turn to the west; there is the den of the rival "*Eclectic Medical Institute*," whose lathe can *turn* dunces into doctors, and not destroy the natural grain of the wood! The worthies who labor in these precious establishments agree in one thing only, that of slandering the regular profession; beyond this, they show their impartiality by vilifying, that is, telling the truth on, each other.

Let us descend to another floor of the temple. Here, in an out-of-the-way corner, is the steamery. But how deserted! Its fires are smouldering, and the distillery of "No. 6" dribbles only *guttatim*; and yet the supply is equal to the demand. Compelling a sick girl to drink a quart of lobelia and then a gill of the tincture of red pepper, in a single night, while lying surrounded with ears of boiled corn, and winding up in the morning with a dose of "No. 3," is no longer the fashion; such methods of curing an inflammation of the brain or stomach are now condemned by the Court of Empiricism; and it has been discovered that a very different plan should be pursued. Let us enter the magazine where the new munitions are elaborated. But hold! We can't get in! It's a mere closet, with tiny boxes, and pills of the size of a millet seed

at the end of a dry summer. A millionth of a grain of the extract of aconitum napellus in each box! A tenth of the ten millionth of a drop of the juice of atropa belladonna in that little vial. One pill in the morning, and one drop of the solution at night!! No more steam polypharmacy! No more drenching, stuffing and pistoning with herbs and roots. *That* was all very *vulgar—this* is very *refined*, suited to the character and constitutions of ladies and gentlemen—the learned and intellectual—above all, to the convenience of clergymen and pious ladies, whose pocket magazines will enable them to dispense to the poor, and to such of the rich as may be ashamed to visit the temple of quackery. Thus will the blessings of HOMŒOPATHY, like honey dew, fall equally on the leaves of the towering yellow poplar—*softest* of trees, and the humble elder—*greenest* of shrubs.

But let us pass on to another kennel. Its walls and ceiling and floor are wet and cold; but don't feel afraid to enter. You may have pleurisy, or rheumatism, or consumption; but "never mind"—sit down and receive the cold douche, or lie down and wrap yourself in the cold and dripping sheet. "Steam" and "hot chuncks" *used* to be the *proper* remedies, but the college of quacks has made a new degree. In the days of Moliere, it could only transfer the liver from the right side to the left. Send round the book of HYDROPATHY. Let your friends be warned against all family physicians—all regular doctors, with their pedantic prescriptions and long bills! Be equally on your guard against homœopathy. Rely on water only and alone. Nothing can live *without* water—and nothing can die *with* it.

But we must move on to the next kennel, and a very genteel and quiet place it is. Look at the simplicity of its furniture—a chair and sofa. No steam bath—no cold water baths—no bundles of leaves and bark—no jugs of "No. 6," not even the miniature vials of homœopathic elixir, are allowed to profane the mysterious dormitory! Its very air is etherial—its light magnetic; and spiritualities gambol in the beams like gnats in the purple rays of the setting sun. All is intellectual and sublime. But let us come to the work. The necromancer takes his chair, the necromancee her sofa—their eyes meet each other—he darts a magnetic glance—her eyelids fall—a quiver agitates her lips, and she softly reclines, in sleep of body but not of mind. "A change has come o'er the spirit of her dream." Her soul, disengaged from its frail tenement of clay, explores the caverns of the earth, and the lowest pools of the great deep; descends into hell, then rises to heaven; and bringing tidings from both to him who thus set her free, is prepared, at his bidding, to enter the foul abodes of disease in the bodies of foul men, inspect the foul organs, with prying eyes, and report to her master the hidden cause of every foul infirmity. The patient thus inspected may now be placed under treatment. Put him on the sofa—let the doctor point his finger to the disordered organ—keep quiet till he gives the healing glance, and all will then be well. But we must not linger in this spiritual saloon, when so many *spirituous* kennels remain unexplored in the basement below. See how the *doggeries* are ranged around—lighted only by lamps—and

labelled over every door, "No ADMITTANCE." These are the secret vaults. What strong odors fill the air. Look at the inscriptions of the different doors. * * * * * * * *

But what means the sign over that retired and central cell? A quill from the wing of a crow—cunningest and blackest of birds! Let us peep through the key-hole. Ah! there sits the scholar of all the subterranean kennels. See how nimbly his fingers move, and look at the sibylline leaves as they fall from his pen—infallible boluses—dulcified panaceas—tasteless catholicons—warranted specifics—renowned, restorative regenerators—reproducers of teeth in old age—universal resuscitators from every kind of apparent death! All attested and dignified by the names of eminent physicians and surgeons, now in their graves—Hunter, Cullen, Buchan, Wistar and Rush. And look at the blank certificates, ready to be filled up with spurious or forged names, by the manufacturers in the surrounding kennels! A discount to those who purchase by the ream; and no additional charge for filling up, to those inventors who do not know how to read and write.

Such is a hasty sketch of the Temple of Quackery, which graces the Queen City. If its priests who minister at its altar are many, its votaries "may be called legion." They are no longer the uneducated and vulgar, but, contrariwise, the cultivated, affluent and refined. In the midst of the attendance of well qualified and respectable physicians, both gentlemen and ladies have the nostrums of quacks smuggled into their apartments. Invalids have their carriages stopped half a square from the door of an empiric, and sneak to it on foot, lest some one (who is perhaps at the same time under the care of another quack) should chance to see them. Many, however, have grown quite shameless, and avow their preference of empiricism over science. Its harvest is undoubtedly very great; for those who follow it grow rich, while many deserving physicians "live but from hand to mouth;" and others, too proud to grapple with knaves and impostors for the patronage of an *enlightened* community, are retiring to the country, and intend to give up physic for farming.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1846.

Surgery in Paris.—A very interesting paper from Dr. Fisher, now in Paris, descriptive of the treatment of M. Velpeau's late surgical cases in La Charité Hospital, will be found in to-day's Journal. The reader will be glad to learn that Dr. F. proposes giving further accounts of M. Velpeau's cases.—We should be pleased to receive similar analyses or reports of surgical and medical cases from other institutions nearer home.

Dr. Wollaston, the Chemist.—Littell's Living Age, that admirable digest of modern English literature, has a leading article, in the 125th No., extracted mainly from the British Quarterly Review, on the life, character and discoveries of the late William Hyde Wollaston, M.D. Dr. W. will be known to posterity as a chemist, of extraordinary industry, patience and perseverance, whose discoveries have yielded important results to the arts and to the progress of various departments of science. Although acknowledged to be a renowned philosopher, he was a solitary being, as much as the last man will be, or as Adam was before the creation of Eve; and yet he resided in London. If society knew nothing of him, he certainly knew but little of society. His laboratory was so completely a blue chamber, that only one person was ever in it besides himself, and that by mistake. The doctor discovered the intruder, and leading him to a particular part of the room, said, "Mr. P., do you see that furnace?" "I do." "Then make a profound bow to it, for as this is the first time, it will also be the last time of your seeing it." All his operations were conducted on a minute scale; a few grains of anything were enough, as a tray would hold all the apparatus and tests he seemed to require in his almost microscopic researches.

Dr. Wollaston was born Aug. 6, 1766, and died in December, 1828, having accumulated a handsome fortune by one single discovery, viz., a method of rendering platina malleable. For that one process, it is said that he realized 30,000*l.* When it is recollected that he invested 1000*l.* in the name of the Royal Society, the interest of which is to be employed to encourage experiments in natural philosophy, it hardly seems just to accuse him of being as money-loving as some have represented him. A single unlooked-for circumstance in the commencement of a professional life, sickened him of the practice of medicine, for which he was eminently well prepared by study, and although the people lost the services of a good physician, the whole world gained an illustrious philosopher. He was the second son of an eminent astronomer, and one of seventeen children. In 1783 he took the degree of M.D., and settled six years after, as a medical practitioner, at Bury St. Edmunds. So poor was his success, owing, beyond doubt, to the solemnity of his deportment, and never-relaxing reserve of manner, that he sought a larger field in London. That awful gravity which is forbidding in any one, and doubly so in a physician, who, of all men, should wear a cheerful face, drove patients away, or they were afraid to come; and he therefore solicited the office of physician to St. George's Hospital, a vacancy having occurred, recollecting, probably, that in such institutions, the sick are not at liberty to choose their medical advisers. To his chagrin, Dr. Pemberton obtained the appointment, which so mortified the learned chemist, who unquestionably felt conscious of possessing transcendant powers, that he declared he would abandon the profession, and never write another prescription, even for his own father. Having turned his attention afterwards wholly to chemical pursuits, the masterly efforts of a great mind were discoverable in almost every inquiry to which his attention was directed. In the transactions of the Royal Society, principally, are to be found, from year to year, the details of his indefatigable labors. If he had not been decidedly a chemist, he would have been distinguished as an astronomer, since there was always a strong taste manifested for that elevated branch of knowledge. To particularize the names of the subjects on which he wrote, would be out of place in

this brief notice of one who had the good fortune to escape the turmoils and competition, as well as the responsibilities, of a medical practitioner, and by doing so secured a conspicuous niche in the temple of fame.

The object in presenting this synopsis of the life of Dr. Wallaston, is to demonstrate the fact, that those who are as unsuccessful as he was in attempting to pursue the calling of a physician, are not to conclude they are equally unfit for every other pursuit, since they may rise much higher and perhaps be infinitely more useful, in some other way. Unceasing activity is required in those who hope for distinction in medicine and surgery, which distinction, when attained, is hardly a compensation for the toil it has cost. Without the faculty of adapting oneself to society, as it exists, and the further ability to apply the knowledge that has been acquired according to the wants and necessities of the sick, success is a hopeless undertaking. Some men are constitutionally qualified for practising physic. Whether learned or ignorant, they succeed well. While others, like Dr. Wallaston, are incapable of success, but, without his firmness in resolve, cling with expectation to the wreck, fancying that success must ultimately crown their efforts—and there they remain, monuments of disappointed ambition.

Woman and her Diseases.—Proof sheets of a treatise on this prolific subject, by Dr. Dixon, of New York, have been under examination the last week. The author has given the work a popular character, which will certainly insure it a more extensive circulation. Formerly, it was glory enough to influence the opinions of mankind, by a book; but in these degenerate days of literature, the per cent. on the sales is something more tangible and desirable.

Nothing new has been attempted by Dr. Dixon; indeed, he is a gentleman of such good sense, that he would not commit himself to the public by assuming to have made essential discoveries in the treatment of female diseases. He writes understandingly, and, as far as a slight opportunity has enabled us to judge of the merits of the forthcoming work, has given a deep interest to it. Unlike some modern semi-scientific medical books, this does not propose to patch up humanity economically, without professional advice—a kind of proposition that has heretofore taken well with vulgar minds. Dr. Dixon shows those very persons that they are unsafe in disease without proper aid—and he is therefore doing good service.

Petersburgh Medical Faculty.—A code of regulations for the government of a medical association at Petersburgh, Va., has been adopted by the profession of that city, that compares favorably with that of older societies. The process of gaining a membership is precisely the same as in that of the Boston Association. The working of the machinery here, warrants us in believing that the medical gentlemen of Petersburgh have hit upon the only plan within their reach, of securing to each individual that amount of happiness and independence which all should enjoy in the practice of an honorable profession. Of the ethical rules, they must be popular, because their direct tendency is to make good men out of those who are inclined to go astray. Those already above reproach will not be likely to degenerate, when admitted to the fraternity, while im-

pressed with the moral value of the articles which they have once sanctioned by their names.

The Annalist.—No. I. of another Journal of Medicine, designed, as expressed on the cover, to be a record of practical medicine in the city of New York, appeared in that city on the first of October. William C. Roberts, M.D., is the editor—to whom we extend our good wishes for his success in the enterprise. Dr. R. will find, among other things, that, as in the fable of the old man, the boy and the ass, it is utterly impossible to please everybody.

Washington University of Baltimore.—With their accustomed zeal, the Faculty of the Medical Department of the Washington University have made good preparations for the present course of lectures, which commenced on the first Monday in October. A hospital is connected with the institution, which adds very much to its advantages.

Fracture Splints.—Mr. Goodwin, of Ashfield, Mass., whose splints meet with the general approbation of surgeons, improves in the manufacture very perceptibly. For lightness, adaptation to the shape of the limbs, simplicity of mechanism, and economy in price, his work recommends itself. A set is left here for inspection. Those which are constructed with special reference to the forearm and thigh, are admirable, and perhaps not surpassed by any former invention.

Boston Dispensary.—By the annual report of this charitable institution, we learn that the whole number of cases treated during the last year was 2462, nearly one quarter of which occurred in Ward 2. The number of recoveries was 1762; deaths, 93. The Irish patients number 864; Hibernico-American, 682; American, 547. Of the whole number of patients, 2293 are represented as temperate. Births, 60.

Vermont Asylum for the Insane.—By the Tenth Annual Report, just published, the institution appears to be in a prosperous condition. The new buildings have been completed, and are nearly filled. 460 patients have enjoyed its advantages the past year, 197 have been admitted, 162 have been discharged, and 291 now remain. Of those discharged, 94 have recovered. The terms are fixed at two dollars per week for the first six months, and one dollar and fifty cents per week afterwards. Patients from other States are received on the same terms as those from Vermont.

Post-mortem Examination of the Body of Pierro Maroncelli.—Dr. Dixon, of New York, in a biographical sketch, in a New York paper, of this celebrated musician and poet, who lately died in that city, gives the following brief notice of the *post-mortem* examination of his body. His leg had been amputated many years before, while imprisoned in the fortress of Spielberg.

"It was desirable that the causes of his insanity and blindness for the greater part of the last year of his existence, should be ascertained by a *post-mortem* examination; this request of the physicians was, of course, acceded to by his enlightened and affectionate relatives. The most conclusive evidence was presented that the unskilfulness of the amputation was the cause of his death; he had always complained of intense neuralgic pains in the extremity of the remainder of the amputated limb. This was judged to be from pressure produced upon the end of the great nerve of the thigh, by the contraction of the integuments and a probable speculum of the bone pressing upon it. The extremity presented what is technically called a "conical" appearance; an insufficiency of the muscle and integument having been left by the unskilful operator to cover the badly-sawn bone. Poor Maroncelli could never bear the retraction of the skin and its consequent pressure on the painful extremity, caused by the application of an artificial limb; he therefore always went upon crutches. The great "sciatic nerve" was found enlarged at its severed extremity into two complete bulbs, which often caused him exquisite pain. This his proud spirit concealed from all save his family and physician; but there is no doubt that its reflex action kept up such constant cerebral excitement as to cause his insanity and blindness. The brain was found excessively distended with blood."

American Society of Dental Surgeons.—At the seventh annual meeting of this Society, which took place in New York on the 4th of August last, the following officers were elected:—

Eleazar Parmly, M.D., *President.* Lewis Roper, M.D., 1*st Vice President.* Enoch Noyes, M.D., 2*d Vice President.* John Allen, D.D.S., 3*d Vice President.* Chapin A. Harris, M.D., *Corresponding Secretary.* Amos Westcott, M.D., *Recording Secretary.* Chapin A. Harris, M.D., *Treasurer.* J. H. Foster, M.D., Librarian. C. A. Harris, M.D., Amos Westcott, M.D., and E. J. Dunning, *Editors of the American Journal and Library of Dental Science.*

Professor Paine's Defence of the Medical Profession of the United States.—The tenth edition of this Address, delivered in March last at the Medical Commencement of the University of New York, has just appeared. The Address is mainly devoted, as the readers of the Journal will recollect, to a disproval of assertions made by Dr. N. S. Davis, of Binghamton, N.Y., respecting alleged deficiencies in medical education in this country. The following explanation accompanies this edition.

"The author of this Address has seen, with much surprise, in some of the periodicals, a misapprehension that the 'Chairman of the Committee' is the object of his rebuke. The author, therefore, will point the attention of the reader to the obvious construction that the 'Chairman' was merely employed as a weapon against the *New York State Medical Society*, by whom his opinions were sustained.

"It is also worthy of record, that Dr. Davis was made 'Chairman' of the Committee, 'appointed *to present the subject of medical education*,' by the late abortive Convention held in this city, whilst Dr. Hays made the Report of the Committee's 'Preamble and Resolutions.'"

Memphis Medical School.—The following is the organization of this new institution, which opens for its first course of lectures on the first Monday of November next. The prospects of the School are represented to be flattering, and we wish it abundant success.

James Conquest Cross, M.D., Professor of the Institutes and Medical Jurisprudence.

Abner Hopton, M.D., Professor of Chemistry and Pharmacy.

Joseph Normon Bybee, M.D., Prof. of General and Special Anatomy.

George R. Grant, M.D., Professor of Theory and Practice of Medicine.

D. J. M. Boyle, M.D., Professor of Surgery.

H. V. M. Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children.

Francis A. Ramsey, M.D., Prof. of Materia Medica and Therapeutics.

New Formulæ.—The following formulæ, not generally in use in this country, are taken from a recent French work, "Traité de Matière Medicale," by Dr. Foy (Paris, 1843, 2 vols. 8vo., pp. 628, 714).

Ammoniacal Beer.—Take of muriate of ammonia, ℥iss.; table beer, ℥xvi. Mix. To be administered in doses of a wineglassful—in scrofula, typhoid fevers, diabetes, abscesses.

Purgative Biscuits.—Take of jalap, ℥v.; sugar, ℥xxx.; flour, ℥iv.; make into 15 biscuits, one to be taken in the morning for a dose.

Medical Miscellany.—On Wednesday, the 14th of October, the thirty-third anniversary of the Medical Society of Vermont will be held at Montpelier.—An introductory discourse by Dr. Goldsmith, at the opening of the present lecture season, at Castleton Medical College, has been published by the class.—Dr. Stephen J. W. Tabor, of Northampton, Ms., is a candidate for Congress.—A witness testified before a board of commissioners lately, that a Prairie Indian would consume 15 lbs. of beef in 24 hours.—Yellow fever was on the increase at New Orleans at the last advices.—Dr. H. L. B. Lewis, of New York, has invented an iron rail road car, which is considered a valuable improvement.—Dr. Alexander, of Scotland, in a tour through Lower Syria, has discovered 15 new species of plants.—The Natural History of Java is being revised by *Dr. Junghuhn.*—A hospital for consumptives has been opened in England.—Dr. Wm. A. Newell, of Monmouth, Co., N. J., is a candidate for Congress.

Married.—In Amherst, Mass., Seth Fish, M.D., to Miss E. D. Nelson.—At Sandwich, (Monument), Mass., 30th ult., John Batchelder, M.D., to Miss Martha S. Keene.—At Albany, N. Y., H. Clay Bogg, M.D., to Miss M. E. Mullen.—D. E. Bishop, M.D., of Ithaca, N. Y., to Miss E. Low.

Died.—In Franklin, Tenn., Dr. Lowell, killed in an affray by another physician.—In London, Aug. 6th, of an attack of cholera, John Bostock, M.D., F.R.S., at the age of 73. He was well known in this country by his valuable Elements of Physiology and other writings.—In Paris, in the 36th year of his age, Dr. Thibert, the inventor of very beautiful artificial anatomical and pathological models in relief.—Dr. Gaste, physician-in-chief to the French in Africa.

Report of Deaths in Boston—for the week ending Oct. 10th, 68.—Males, 39, females, 29. Stillborn, 11. Of consumption, 9—inflammation of the brain, 1—accidental, 2—disease of the bowels, 6—hooping cough, 1—tumor, 1—dysentery, 5—croup, 4—lung fever, 2—typhus fever, 3—scarlet fever, 1—inflammation of the lungs, 3—infantile, 8—marasmus, 2—teething, 3—inflammation of the bowels, 2—disease of the heart, 1—child-bed, 1—paralysis, 2—intemperance, 1—convulsions, 1—debility, 1—cholera infantum, 4—dropsy, 1—old age, 1—bilious colic, 2.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 5—over 60 years, 4.

Infusion of Honey Bees.—An infusion of the *apis mellifica* or honey-bee was recommended in the Western Journal of Med. and Surg., for Nov., 1845, for the treatment of strangury. It was directed to be prepared by sweeping from 40 to 60 bees into a pan of water, put the whole into a teacup, pour one gill of boiling water on them, and cover the cup securely. When it has stood 20 minutes, pour off the infusion, and let the patient take the whole at a draught. This remedy is said to relieve the worst cases of strangury, in from two to fifteen minutes. A writer in the last No. of the American Jour. of Med. Sciences speaks highly of this remedy in such cases; and Dr. Flint, in the last No. of the Buffalo Journal, states that the prescription was recently tried in that city with immediate relief, in a case in which the introduction of the catheter was attempted without success, and states "it was subsequently repeated daily, with the same results, until the occasion for its administration ceased." It has been found to succeed very generally at the South, where it was first introduced into practice, in cases of retention of urine from inflammation of the bladder, and from the effects of catharides. It is supposed that the material which gives efficacy to the bee-tea, is the virus ejected by its sting, as the tea, when recently made, has a taste and smell identical with the odor of the incensed bee; and if allowed to stand, the infusion loses its characteristic odor and taste, and its efficacy is destroyed. It remains to be seen whether this virus may not be collected and preserved, so as to be employed where the bee itself is not to be obtained.—*New York Journal of Medicine.*

Death of Dwarkanauth Tagore.—Among the most eminent friends to medical science, has been this distinguished personage, who expired of an affection of the liver, at his residence in Albermale-street, at twenty minutes past six on Saturday evening, August 1st, at the age of 51 years. He lived just long enough to witness the fruits of his triumphant energy, in the cause of human progress, in the brilliant success of two native Hindoo students in the University of London, sent to this country and wholly maintained at his expense, and who a week previous passed the College of Surgeons. His remains have been deposited in a vault in the cemetery at Kensal Green.—*London Lancet.*

Knife Swallowing.—By Wm. George Gill.—John D——, aged 7 years, residing at 10 Salisbury-terrace, Islington, on the evening of the 6th of August swallowed an open penknife, three inches long. The lad, a very sickly one, was subsequently visited by my father and myself; the symptoms afterwards were slight, chiefly febrile, with occasional griping pains, and some tenderness in the region of the bowels. The treatment enjoined was perfect quietude, fomentations, saline febrifuges, sedatives, the occasional exhibition of slight aperients, castor oil, &c. On the morning of the sixth day, contrary to the opinion of some eminent physicians, to whom I had related the case, the knife appeared with an evacuation, blade downwards, somewhat corroded, and not at all improved in appearance by its change of residence.—*Ibid.*